



Post introduces Warrior Transition Unit

MEDDAC assumes care for Soldiers wounded, ill

By JOHN NEVILLE/Turret Staff Writer

The terms "medical hold" and "medical holdover" are no longer viable.

Soldiers wounded on duty now have a new locale to call home while they heal—the Warrior Transition Unit.

Fort Knox officially fell in line with the Department of Defense directive Friday during a ceremony outside unit barracks.

Garrison Commander Col. Mark Needham retired the colors of Company M before Knox's MEDDAC Commander, Col. Steven Braverman, unfurled WTU's colors.

The new name was part of the larger overhaul of the Department of the Army's health care system. WTU is designed to better represent wounded or otherwise injured Soldiers and the healing process they undertake.

But there was more to the ceremony than a new moniker. The event also marked the transfer of the WTU to the command and control of MEDDAC.

Prior to Friday, the Medical Holdover unit, which was stood up to take care of mobilized reservists who were injured or became ill, fell under the garrison's command.

The Medical Hold unit was composed of active duty Soldiers whose injuries or illnesses prevented them from performing their jobs. The Medical Hold was under the control of MEDDAC. While a part of the unit, a medical evaluation board reviewed and determined the extent of the Soldiers injuries.

Moving all wounded warriors under the umbrella of MEDDAC should improve several aspects of their health care, according to Braverman.

"By combining the Medical Hold with the garrison Medical Holdover unit we insure the care we deliver is the same for all our Soldiers regardless of component or type of injury or illness. The reason for that is so we can build a process where all the care and personnel issues and all the building issues fall under the same group of people in the command and control side of the house," Braverman said.

Each wounded warrior will be assigned a care provider, case manager, and a squad leader.

"Those three people will have the primary responsibility to make sure our warriors in transition get through the process as quickly and efficiently and as medically competently as possible," Braverman said.

The squad leaders who will be responsible for the wounded warriors will not be injured or ill themselves. They'll be assigned to the WTU, and their only mission will be to make sure their Soldiers are getting the care they deserve. In the past, squad leaders were in the unit because they, too, were injured or sick.

Squad leaders will also be combat veterans, a requirement that will allow them to better understand what their wounded warriors are experiencing.

Concerning facilities, the garrison will continue to work with MEDDAC to improve existing structures and build new ones. Four barracks buildings house Soldiers assigned to the WTU. Some have undergone million dollar renovations to make them accessible to disabled personnel, as well as to make the facilities Internet and cable TV capable.

"I will still attend every monthly town hall meeting and we are still responsible for the living conditions and support from post agencies," said Knox Garrison Commander Col. Mark Needham. "We will also start up and run the Soldier and Family Assistance Center. The hospital commander and I have a very close working relationship on WTU and this will continue."

MEDDAC and the garrison are still planning to build a Family Assistance Center that will help with any problems and concerns that Soldiers and families might have.

WTU transitional Commander Maj. Chris Sherman, who commanded the Medical Holdover unit for three years, said the change should fix some of the problems that plagued his former unit.

"I think putting people under one umbrella will do a lot of good," said Sherman. "We can streamline a lot of things, and I think we'll be able to get answers quicker. Now if there is an issue, there will be one person to go to."

But Sherman also said he'd already seen improvements during his three years of command.

"The biggest improvement has been the standard of living," Sherman said. "The garrison and the hospital put a lot of money into the barracks, and they'll be putting more money

into it now. And that's the most important thing, trying to make Soldiers as comfortable as we can."

But names and command structure aren't the only things that have changed. So too has Sherman. He said that he's made adjustments to the way he approaches his job and the wounded warriors in his unit.

"I used to do a quick knee-jerk reaction," he said. "Now I listen to everything a Soldier is saying. Because of the issues you have with behavioral health, you don't know what type of person you have. You have to treat them differently than regular Soldiers."

WTU's Company A 1st Sgt. Michael Campbell said the cadre must keep a collective close eye on the wounded warriors to understand their health issues.

"You need to recognize when someone is starting to rebel and have problems, and you need to find out why," he said. "You really have to stay on top of Soldiers' conditions to determine why Soldiers are acting they way they are."

But while the job can be a challenge sometimes, Campbell said it's worth the effort.

"It's very challenging, but it's very rewarding," he said. "I like to see people get help, get better, and get beyond their injuries."

john.neville@us.army.mil

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